

Borough of Kendal



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1964

Stricklandgate House, P.O. Box 18, Kendal

Telephone Number: Kendal 1296

KENDAL

TITUS WILSON & SON, LTD.

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NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Borough in acres	3,705
Population at 1961 Census	18,599
Population (Registrar-General's mid year estimate)...	18,730
Inhabited houses	6,861
Rateable Value	£715,647
Product of a Penny Rate	£2,950
Rate in the Pound levied	10/6d.
of which the County Rate was	7/1d.

Kendal is picturesquely situated in the valley of the River Kent, the greater part being on the west bank built on ground rising steeply in a series of terraced streets up Kendal Fell to about 500 feet above sea level. The buildings on the east bank are situated on undulating lowlands rising from 137 feet to 200 feet contour. The dale of Kendal runs north to south with the level of the eastern boundary varying between 500 and 600 feet and the western boundary between 300 and 600 feet above sea level.

The geology of the Borough is sharply divided by the Fellside. The steep eminence of Kendal Fell on the west is composed of carboniferous limestone which represent remains of the dome which once covered the Lake District, and the sharp division is caused by a fault in this system. To the east of this fault denudation has taken place and the out-cropping rocks are Kirkby Moor Flags of the Upper Ludlow Series of the Silurian System. Alluvial deposits and some Basement Conglomerates form the small northern area of the Borough.

The climate is mild and invigorating, the town is sheltered by the Fell from the prevailing westerly winds, and the open aspect to the south provides full access to sunlight. Temperature gradient inversions are frequent at night but are soon dispelled in the mornings. The rainfall normally varies between 50 and 55 inches a year and light falls of snow may be expected for one or two weeks in the late winter. The low-lying land in the north of the Borough is liable to flooding when the River Kent is in spate.

Economically Kendal serves a treble function. Primarily it is a market town, being situated in the heart of the southern portion of Westmorland and the centre of a large agricultural community within a radius of some eight miles. Secondly it is an important stopping place on the main A.6 road, where the heavy volume of motor traffic from the South divides into the portion destined for Scotland over Shap, and the portion heading for the Lake District. The former includes a

high proportion of heavy lorry traffic which uses Kendal as a regular overnight staging point, and the latter includes a very seasonal peak-load of tourist traffic. Thirdly Kendal has become an important centre for light industries which have guaranteed constant employment to the inhabitants and brought considerable prosperity to the town.

The local industries include a wide variety of manufacturing processes. There are factories for boots and shoes, hosiery and shirts, carpets, tobacco and snuff, woollen mills, breweries, stone and lime works, engineering works, and processing establishments for cream and milk products.

In addition there are ample opportunities for employment in the shops, cafés, hotels, business premises, and laundries. At Oxenholme the inhabitants are mainly interested in the railway employment. The variety of these opportunities for both men and women has kept Kendal happily free from general unemployment and provided that economic security and prosperity which is a most important factor in the maintenance of the public health.

COMMITTEES.

The Minister of Health requires me to include a list of the Council's committees which are concerned with matters of public health.

The Health Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Property, Streets, and Tenancies Committees.

STAFF.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices
Madge, F. T. ..	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
Rigg, W. B. G. ..	F.R.S.H., M.A.P.H.I., Cert. S.I.B.	Chief Public Health Inspector	Whole	—
Major, J. H. ..	M.A.P.H.I., Cert. S.I.B.	Additional Public Health Inspector	Whole	—
Davidson, R. C.	A.R.S.H., M.A.P.H.I. Cert. S.I.B.	Additional Public Health Inspector	Whole	—
Edleston, R. ..	A.R.S.H. M.A.P.H.I. Cert. S.I.B.	Additional Public Health Inspector	Whole	—
Askew, J.	—	Clerk	Whole	—
Machell, B. M. ..	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

Staff Changes.

There were none during the year.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General, with figures for 1963 for comparison.

Area of the District in acres					3,705	
					1963	1964
Estimated civilian population (mid year) ..					18,700	18,730
Live Births.	Legitimate—	males		158	165	
		females		133	151	
	Illegitimate—	males		13	13	
		females		8	12	
	Total			312	341	
	Crude Rate per 1,000 population			16.7	18.2	
	Corrected Rate per 1,000 popula- tion			17.8	19.4	
	Birth Rate for England and Wales			18.2	18.4	
	Illegitimate Birth Rate per 1,000 live births.			67.3	73.3	
Still Births.	Legitimate—	males		3	5	
		females		2	5	
	Illegitimate—	males		—	—	
		females		—	—	
	Total			5	10	
	Total (live and still) births ..			317	351	
	Rate per 1,000 total (live and still) births			15.8	28.5	
Rate for England and Wales ..			17.3	16.3		
Deaths.	males		131	138		
	females		173	127		
	Total		304	265		
	Crude Rate per 1,000 population ..		16.2	14.1		
	Corrected Rate per 1,000 population		14.9	12.8		
Rate for England and Wales ..			12.2	11.3		

	1963	1964
Infantile Deaths (under 1 year)		
Total deaths under 1 year.. ..	5	7
Rate per 1,000 live births	16.02	20.5
Rate for England and Wales	20.9	20.0
Legitimate	4	6
Rate per 1,000 legitimate live births	13.4	19
Illegitimate	1	1
Rate per 1,000 illegitimate live births	47.6	40
Neonatal Deaths (under 4 weeks)		
Total neonatal deaths	3	7
Rate per 1,000 live births	9.9	20.5
Rate for England and Wales	14.2	13.8
Early Neonatal Deaths (under 1 week):		
Total early neonatal deaths	3	7
Rate per 1,000 live births	9.9	20.5
Perinatal Mortality		
Stillbirths and deaths under 1 week.. .. .	8	17
Rate per 1,000 total (live and still) births	25.5	48.4
Maternal Mortality:		
Total Deaths	—	—
Rate per 1,000 total (live and still) births	—	—
Rate for England and Wales	0.28	0.25

Deaths from certain causes:—	1963.	1964.
Cancer	50	52
Measles	Nil	Nil
Whooping Cough	Nil	Nil

The main causes of death were:—

Heart Disease	83
Vascular lesions of nervous system	52
Cancer	45

COMMENTARY ON THE VITAL STATISTICS.

The population at the 1961 Census numbered 18,599 persons, comprising 8,603 males and 9,996 females, a net increase of only 58 persons during the ten years since the previous Census.

Kendal has now dropped to being the second largest population among the county districts of Westmorland. Although there are only 580 people less than in the surrounding Rural District of South Westmorland, the previous rate of vigorous growth in Kendal Borough has slowed down during the past ten years to a virtual standstill.

Yet in those same ten years between 1951 and 1961 there were 201 more births than deaths amongst our Kendal residents. So it means that a net total of 143 people emigrated out of the town to live elsewhere.

Kendal has also a higher proportion of elderly people than the national average. In England and Wales the percentage of the population over 65 years of age was 11.9%, whereas it was 14.2% in Kendal.

In more practical terms, out of our population of 18,599 we had 2,636 people over 65 years of age. 1,711 of them were women, and only 925 were men. Most of them were widowed or single.

But in these days, the 65th birthday is becoming a derisory landmark for accepting the label of old age. Perhaps 75 might be more realistic for easing up on the rough and tumble of an active life. We had 959 people over 75 years old in the Borough: most of them still hale and hearty. 127 were over 85 years old, and 27 were over 90.

These figures mean that the younger age groups will have to keep awake to provide the community support which elderly people need to make their survival achievements worthwhile.

Death Rate.

The death rate was above the average for the rest of England and Wales, even after correction for the effect of our elderly population.

The general downward trend in the death rate during the past 100 years became arrested after the 1939-45 War, and has tended to rise slightly again in Kendal.

Birth Rate.

The birth rate was around the national level, and is increasing, 1964 was the third successive year of the rise.

Stillbirth Rate.

1964 was a disappointing year, especially so when viewed in conjunction with the increase in neonatal deaths. The figures are small and need to be interpreted with caution.

Perinatal Mortality

There is often not much difference between the cause of a baby dying in the first week of its life and the cause of a stillbirth. Sometimes it is a matter of chance whether such a baby dies before delivery or after. So we now add the number of stillbirths to the number of babies dying in their first week, and we call it the perinatal mortality: in popular language the deaths which happen around the time of birth.

Anyway, the perinatal mortality statistics include most of the fatalities which are caused by abnormalities of the baby as it develops in the womb. Some of those may be due to the mother catching infections during a critical phase in her pregnancy: or more rarely to drugs: or more commonly to some genetic factor. The statistics include the fatalities which are caused by toxæmias of pregnancy and accidents within the womb. The mechanical stresses and strains of delivery, the attention given to the newborn child, the blood peculiarities, and even the risks of accident and infection in the first week of life, are all included factors. So the perinatal mortality rate is perhaps better regarded as a measure of obstetric achievement. What happens to a live baby in its first four weeks depends to a great extent on what has happened to it before delivery.

There are some signs of hope that science may be able to prevent certain types of developmental abnormalities, and it is clear that the increased availability of obstetrical specialists will help to reduce the number of neonatal deaths. An advisory obstetric committee has been set up in Westmorland to co-ordinate the functions of the three divisions of the health service involved in midwifery, and to investigate the causes of stillbirths and infant deaths.

Maternal Mortality.

Happily no mother lost her life in child-birth during the year.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Public Health Act, 1936. Sections 143-170.

National Health Service Act, 1946. Part III.

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance offices. A logarithmic graph of those figures shows a regular seasonal pattern over the years, and any variations are usually worth investigating. The general level is some measure of the local community health.

Measles was the main feature of 1964. There were two small outbreaks, one during the early spring, and the other in mid autumn, linked by a series of individual cases throughout the summer.

It is pleasing to record that the notification of infectious diseases has been much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable diseases as one of the most important duties of our department.

The Aberdeen typhoid outbreak caused us to be especially vigilant during the summer and early autumn of 1964. As an overnight halt on the main trunk road from Scotland, we receive a lot of coach traffic, motoring tourists, and heavy transport drivers including the Aberdeen fish lorries. Hoteliers and transport hostel keepers were often anxious about the safety of their guests, but all went well.

More locally we checked all our shops and catering establishments to round up all the unused tins of the corned beef which was suspected to be the cause of the typhoid outbreak at Aberdeen. We got over a hundredweight of the stuff and sent it away for disposal.

It is worthy of special mention that the Chief Public Health Inspector, Mr. Rigg, went up to Aberdeen for a while as a volunteer to assist with the work of controlling the outbreak in that city. His help was much appreciated.

We were fortunate in Kendal not to have been bothered with any return of our own typhoid from the previous year. We continue to hope that our routine sewer tests will someday pick up the typhoid carrier who seems to be lurking around Kendal and the nearby Rural District. Meanwhile our sewers are yielding some interesting information about paratyphoid B and various exotic salmonella infections in Kendal.

NOTIFIED DISEASES TABLE.

	Total	Ages										Admitted to Hospital	Deaths	
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-			45-	65-
Scarlet Fever	5	-	1	1	-	-	2	1	-	-	-	-	-	1
Whooping Cough	16	-	2	1	2	1	9	1	-	-	-	-	-	1
Measles	192	9	15	25	37	33	69	2	1	-	-	1	-	1
TOTAL	213	9	18	27	39	34	80	4	1	-	-	1	-	1

TUBERCULOSIS.

Tuberculosis is one of the most important communicable diseases of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold; to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

One of the most effective ways of finding the sources of infection is mass radiography. The mobile units of the Manchester Regional Hospital Board visit our area periodically and I should like to see many more of our local population take advantage of this valuable service. It not only detects pulmonary tuberculosis at the most favourable time for a cure, but it also provides an early warning against many other chest conditions, lung cancer, and certain heart diseases.

Preventing the spread of infection is helped by prompt treatment and supervision. Waiting time is nowadays very short for admission to hospital, and modern drugs achieve most promising results for returning the patient to a useful working life.

It is equally important to discover the non-active cases of tuberculosis, so that we can do all in our power to prevent them breaking down into an infectious state. So too with cancer of the lung, in order to secure the best chance of operative treatment.

The x-ray results are communicated to the patients' family doctor if there are any abnormalities, and so the findings can best be explained to the individual if any treatment seems needed.

Such discoveries more than justify the visits of the Mass Radiography Units to our area at regular intervals. I think that we should do all we can to make really excellent arrangements for their reception in our townships and villages, and encourage our local people to turn up in full force for their chest x-rays.

The 1964 visit of the Mass Radiography Unit examined 3,254 people in Kendal, as part of a wider tour in the southern half of Westmorland.

TUBERCULOSIS TABLE.

Age Periods	NEW CASES				DEATHS			
	Respira- tory		Non-res- piratory		Respira- tory		Non-res- piratory	
	M	F	M	F	M	F	M	F
0 ..	—	—	—	—	—	—	—	—
1 ..	—	—	—	—	—	—	—	—
5 ..	1	1	—	—	—	—	—	—
15 ..	—	1	—	—	—	—	—	—
25 ..	2	1	—	—	—	—	—	—
35 ..	1	—	—	—	—	—	—	—
45 ..	2	—	—	—	—	—	—	—
55 ..	—	—	—	—	—	—	—	—
65 ..	—	—	—	—	—	—	—	—
Total ..	6	3	—	—	—	—	—	—

Of the cases notified two were transfers from other areas.

The number of tuberculosis patients on the register at the year end were :—

		1963.	1964.
Respiratory	...	93	63
Non-Respiratory	...	7	7
		—	—
		100	70
		—	—

The Future Plan for Mass Radiography.

The Manchester Regional Hospital Board now aim to send a Mass Radiography Unit for a short visit every year to each of the main centres of population in their area. I am particularly happy that Kendal has been selected as one of the places for an annual visit. It will serve both the Borough and much of the surrounding countryside, which otherwise would have to wait for the Unit's more extended tour around the villages every three or four years.

The plan for the Unit's annual visit to Kendal is quite flexible. It aims to offer a special programme for each of the town's main industries every three years. Consequently each annual visit will make special cover of one-third of the industries, as well as being available for some general public sessions, and some special consultant sessions.

Thus for each of two years there will be concentration upon the main industrial workers, and only a short time for public sessions. In the third year of the programme there will be completion of the smaller industries, and much more time devoted to the general public. It is really a matter of deploying time and staff and money to the best advantage.

The Hospital Services.

National Health Service Act, 1946. Part II.

The Borough lies in the area of the Manchester Regional Hospital Board, and most of the general needs of our local people have historically been met by the Westmorland County Hospital at Kendal. Some of the more specialised services have always had to be referred to distant centres. That has always been understood and accepted by our local community.

But in recent years there have been signs that our local folk may be forced to rely more and more on Lancaster, and less on Kendal. Some people think that Westmorland risks being left rather ill-served if the hospital services concentrate themselves on distant Lancaster and Carlisle. There is a lot of territory in between, and public transport communications are not at all easy for out-patients and visiting relatives to get to those hospitals and home again the same day.

With the publication of the Government's Hospital Plan and the consequent press comment and political pressures, the Regional Hospital Boards became noticeably much more sensitive to public

opinion. There are a lot of local questions to be settled: some have been answered for the time being: some are being argued out now: some will have to be soon.

For example, in 1961 we obtained the assurance from the Manchester Regional Hospital Board that Helme Chase should continue as a general practitioner maternity home, and that some obstetric consultant services should continue to be available in Westmorland. Public sentiment seemed to be particularly strong about preserving some maternity beds in a place where the local women wanted them.

Under very critical review at the present time is the Manchester Regional Hospital Board's policy for providing geriatric and chronic sick beds in the Kendal neighbourhood. There are three main points at issue; the state of the present hospital buildings at Kendal Green, the total number of geriatric beds locally, and the long-term future provision of chronic sick and geriatric beds within the Borough of Kendal or its very close vicinity.

During 1964 the Manchester Regional Hospital Board conducted a review of all the geriatric services in the southern half of Westmorland. Evidence was given by many local authorities, professions and other organisations. We put our case very strongly, and we shall await the outcome with interest and be ready for renewed action. Meanwhile we welcome the continued improvements at Kendal Green Hospital.

These hospital problems are just as much a matter of environmental public health for our own Local Authorities, as they are administrative exercises for the Regional Hospital Boards. I believe that it does matter very deeply where our old folks are looked after when they fall ill: somewhere where they will go cheerfully, keep in touch with home: not just swept away out of sight. I believe that relatives and friends should easily be able to visit the hospital: to leave their homes running for the short time while they are out: not to spend hours and hours travelling on the scanty rural bus services and curtailed railways, coping with darkness and winter weather, weariness and worry.

So too, it behoves us to keep a watchful eye upon the future existence and functions of the Westmorland County Hospital, and the services which we can obtain there; and upon Meathop Hospital and the Ethel Hedley Hospital. We cannot afford to sleep in at a time when radical changes are being discussed out of earshot across our borders. I believe that Westmorland deserves a lot of extra thought and care in planning the hospital services: and it seems worthwhile going on saying so.

Hospital and Ambulance Arrangements for Infectious Diseases.

National Health Service Act, 1946. Parts II and III.

Hospital accommodation for infectious diseases is provided by the Manchester Regional Hospital Board at Beaumont Hospital, Lancaster. Smallpox cases will be admitted to the Ainsworth Smallpox Hospital, near Bury.

Ambulance transport for cases of infectious disease is provided by the Westmorland County Council and is based in Kendal.

Disinfection Arrangements.

Disinfection in connection with infectious diseases or for other public health reasons was carried out in 4 houses during the year. There is a steam disinfector at Parkside Road.

HOUSING.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

The Pattern of Living.

At the time of the 1961 Census there were 18,541 people living in Kendal. 17,923 of them were organised into a settled pattern of 6,252 private households, and the other 618 individuals were more fancy free.

A lot of houses in Kendal are occupied by only one or two persons. The 1961 Census revealed that 901 houses contained only one occupier, and that another 1,957 houses had only two people living in them. Thus over one-third of the houses in the town would seem to be under-occupied for their size.

The Pattern of Housing.

I reckon that about a quarter of Kendal's houses are under 20 years old, having been built since the 1939-45 war, and therefore well equipped with modern amenities. 1,067 of them were built by Kendal Corporation, mainly on the Hallgarth and Sandylands estates, and about another 682 were provided by private enterprise on various sites scattered throughout the town and its fringes.

The second quarter of Kendal's houses were built between the two world wars, so they are between 26 and 47 years old. They include the Kendal Corporation Estates at Castle Grove, Rinkfield, and Kirkbarrow, and sundry smaller sites, as well as quite a lot of houses put up by private enterprise. The older components of this group lack modern amenities to varying minor extent, due to the lower standards of those times and the price limitations. Most of this group seem well worth improving. The more recent pre-war houses were built to better standards and do not yet present much problem.

The third quarter of Kendal's houses were built before the first World War and away back through the Edwardian and late Victorian eras to a hundred years ago. Many of these lack the full range of modern amenities, are awkward in design, and are showing increasing signs of perishing fabric. Some of them in the 80 to 100 years old bracket are getting to the stage when they will not be worth saving. They will constitute the clearance problems of the next twenty-five years ahead from now.

The last quarter of Kendal's houses were built more than 100 years ago. They are mostly in very poor structural condition, badly arranged in yards and jumbled corners, lacking in modern amenities, and many of them already condemned. Some may be preserved for architectural or historic interest, some may be saved by opening up the surrounding area, many are being converted to non-habitation uses, many are awaiting demolition. Picturesque though they may look, there is not much hope for century-old substandard hovels of a bygone way of life. Certainly not to expect people to go on living in them.

This age-group division of houses into quarters is only a rough guide to the pattern of housing in Kendal. Every year sees a change as new houses spring up, and the old ones decay: and as our slum clearance schemes sweep away the ruins. On the other hand it provides a base for some sort of a long-term view from the present day to the end of this 20th century: not so far ahead.

But the pattern of Kendal's housing can no longer be looked for only within the Borough boundary. That would be an unrealistic, short-sighted view, quite out of touch with the facts of modern life. The internal combustion-engine changed all that a generation ago. The neighbouring areas of South Westmorland and Windermere are considerably used as dormitories for Kendal: we know the figures for commuters. This overspill must be taken into account for the proper understanding of Kendal's place in the economy of the southern half of the County of Westmorland. You cannot afford to forget it.

The General Picture of Slum Clearance.

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 1,150 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but some of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards.

In addition to those formal actions there have been a very creditable number of informal schemes either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity, the sooner it is swept away the better.

Change and Decay.

During the nineteen-fifties, decay proceeded very rapidly in the central areas of Kendal. The stage had been reached when most of the poorer 18th-century buildings, and many of the early 19th, were in jeopardy. Their mortar had perished, the soft stones were crumbling, and the woodwork had rotted. The end of the natural life of the building materials had been accelerated by years of neglect in maintenance during the war and the following decade.

On various occasions I raised the question whether some of Kendal's traditional yards should be preserved for architectural or historical interest, but no-one was prepared to spend money on restoration. The property owners threw in their hands, and so your Council decided in 1955 to make a clean sweep of all the old slum houses and derelict buildings that lay hidden away behind the main streets of the town.

It was no easy matter for a small town the size of Kendal to declare boldly that it intended to condemn 550 houses, and get them all vacated within 20 years after the end of the war. It meant more than losing about 9% of the houses in the Borough at that time: in practical terms, it meant gutting out the whole centre of the town. Historical reasons had caused nearly all the ancient unfit cottages to be concentrated in the congested yards behind the main streets. But your Council of 1955 had the courage and the forethought to embark on a radical clearance programme from which there can be no turning back. It was the start of a surgical operation in Kendal.

How the Slum Clearance Task was divided into Statutory Programmes.

Kendal made its real start with slum clearance in the nineteen-thirties, with some very successful results. The outbreak of war in 1939 caused a temporary hold-up, and we came out of the end of it with a backlog of 71 condemned houses still occupied or undemolished from the pre-war programmes.

Almost immediately after the end of the war in 1945 Kendal Council resumed the slum clearance programme with great vigour. Although many other parts of the country were standing still, we took condemnation action against a further 117 slum houses in the ten years between 1945 and 1955.

So by the time the rest of the country was ready to go ahead with submitting formal statutory slum clearance programmes, we were already deeply involved in coping with our 200 actions in progress. We therefore had a fine flying start.

The Government required your Council, under Section 1 of the Housing Repairs and Rents Act, 1954, to submit formal proposals for dealing with the estimated whole outstanding task of unfit houses in the Borough. Consequently your Council obtained the Minister's approval to complete the 200 actions in progress, plus a further 300 unfit houses: the whole 500 to be included in a Ten-Year Programme for completion by 31st December, 1965.

But by 1960 the Government recognised the inevitability of still more houses deteriorating into unfitness during the ten years while the Programme was running. The Minister called in Circular 2/60 for amended proposals to take these extra unfit houses into account, and he approved the 50 additional ones which your Council proposed to be completed by 31st December, 1965. All these details of the Ten-Year Programme are now by law on deposit for public inspection, and in fact not one formal objection was received to your proposals.

Although for the purposes of making periodical returns to the Ministry, we have to classify all these slum clearance actions into the various statutory programme periods . . . it is easier to think of the overall post-war slum clearance task in Kendal Borough as being 550 unfit houses to be dealt with during the twenty years between 1945 and 1965.

Consequently an improvised balance sheet has been drawn up to refresh the memories of how Kendal's twenty years' post-war slum clearance programme was calculated, and to show how far we have got by the end of the current year in dealing with the 550 unfit houses. It is printed on an adjacent page.

KENDAL BOROUGH.

Position at 31st December, 1964.

Postwar Slum Clearance Programme Composition		Slum Clearance Progress	
Unoccupied houses still undemolished from prewar slum clearance actions	6	Action completed by demolition or conversion to other approved use	386
Occupied houses not yet vacated from prewar slum clearance actions	65	Vacant and awaiting demolition	72
Special case of Abbot Hall Square	12	Waiting rehousing from occupied condemned houses	44
Slum clearance actions started between the end of war 1945 and 31st December, 1954	117	Formal actions in progress. Occupiers will need rehousing	14
The Statutory 1956-65 Ten Year Programme actually commenced on 1st January, 1955	300	Houses not yet officially represented. Occupiers will need rehousing	34
The extra deteriorations added to the Statutory 1956-65 Programme per Circular 2/60	50		
	550		550
		Special Note: The number of families now needing rehousing from unfit houses before 31st December, 1965 is 92.	

Progress with Representations.

I am up to schedule with my part of the job. By the end of 1964 I had made Official Representations against 516 out of the 550 unfit houses, and the outstanding 34 on the list will be represented early in 1965. They will be found as a clearance area in Allhallows Lane, and the pruning out of various decayed yards in Stramongate. I anticipate that even more will be found unfit.

Progress with Statutory Procedure.

The Town Clerk's Department are up to schedule with the first part of their job. 502 out of the 516 officially represented houses actions have been taken to the stage of a registered local land-charge, with orders and other restrictions.

Some of the Ministerial decisions on clearance areas have been slow in arriving, long after the public inquiries, but this has probably been due to the widespread work of slum clearance all over the country.

Some delays have also been caused by similar overloading of the District Valuer's staff, with the acquisition of land under slum clearance compulsory purchase orders, and some have been due to conveyancing difficulties.

But on the whole these transient obstacles have been overcome, and I do not now regard them as the significant causes of your Council's impending failure to meet the target date for completing your Statutory Programme by 31st December, 1965.

Progress with Rehousing.

This is where the bottleneck has always been found in Kendal. Throughout the nineteen-fifties only a pitifully small share of new Corporation houses or re-lets were allocated for rehousing people out of the slums. They got less than a couple of hundred tenancies out of a thousand or more. Some unfortunate folk have been mouldering on in decrepit hovels for ten or twenty years after the house was condemned: a few of them stayed there by choice. But it was the general policy of denying a greater share of tenancies for slum clearance which built up the backlog we face today. That is why we are unlikely to get them all rehoused by the promised date of 31st December, 1965.

But your present Council have been making strenuous efforts to cut down the backlog. A new spirit of vigour is being brought to the task. There is now visible proof that each allocation of rehousing

opens up the prospect of more lucrative development of the sites in the centre of the town. A new social conscience is reaching out to rescue the abandoned old folk from their hovels on the fringe. It is a heartening sight to see Kendal rising over the hump of complacency about slum ghettos.

Progress with Pulling Down.

Apart from the houses which cannot be pulled down because people are still living in them, there are 72 others which are awaiting demolition. Some of them are propping up adjoining condemned property which is still occupied: some of them are waiting for the bulldozer to arrive. The whole affair is curiously unco-ordinated.

During 1964 about a couple of dozen more condemned houses were demolished, and further extensive clearance was being made in the Comprehensive Development Area behind Stricklandgate. The bulldozers have been hard at work, and many unfamiliar vistas opened up for the first time since mediaeval days.

The centre of Kendal looks a mess at the moment. The middle stages of any surgical operation always do look a mess. The remedy is to get it all over as quickly as possible and then the scars will heal. The face of the new Kendal can smile afresh.

The Concept of Redevelopment.

To lay waste the centre of the town with such Cromwellian thoroughness would have been a sterile exercise had it not been accompanied by the faith that a new Kendal should arise out of the rubble of the old.

With the signing of the death warrant on each dark damp crumbling cottage, your Council have asked themselves not only what they were destroying, but what opportunities they were opening up for creating something more worthy of the spirit of our times and our faith for the future.

Seeing that the early construction of the M6 Motorway promises to divert the fantastic huge lorry loads which now inch their way through Kendal, and that the main western bypass will soon siphon off the Lake District traffic, it might be a good idea to get down now to rethinking how our slum clearance sites could help what will be left.

It is only natural that the older citizens of Kendal should feel sad from time to time as the bulldozers flatten out another sentimental landmark. But a whole generation of young people have now grown

up who have never known Kendal to look much better than a bombed town. They are the ones for whom we should be planning.

I feel sure that the young people of Kendal have powerful reserves of imaginative creative ability. I wish that they would be more vocal and forthcoming with ideas for the future of their town. After all, they are the ones who will be living in the place. Now is their chance to get with it. Will they accept the challenge?

Such things are the essence of public health, decent living, and a happy future. Kendal cannot afford to be looking backwards over its shoulder too much: it must look steadfastly forward to survive.

For the Record — 1964.

For the purposes of departmental record and returns, I have to set out the details of certain slum clearance actions taken during the current year:—

Closing Orders.

Housing Act, 1957. Section 18.

One closing order was made during the year, and was satisfied by rehousing the occupiers. Two other houses subject to operative closing orders were still occupied at the year end.

Many of these properties can usefully be converted for non-habitation use, and we need to keep a watch that the vacant ones do not become derelict.

Undertakings not to use for Human Habitation.

Housing Act, 1956. Section 16.

None were accepted during the year. One house subject to such an undertaking was still occupied at the year end. Some others were reconditioned, and some were pulled down. Again there are useful conversion possibilities for these houses, and the same risks of becoming derelict.

Undertakings to execute remedial works.

Housing Act, 1957. Sections 16 and 18.

No offer was made for reconditioning of an unfit house under these sections of the Act. At the year end no such undertakings remained unsatisfied.

Demolition Orders.

Housing Act, 1957. Section 16.

No demolition orders were made during the year. Two houses subject to demolition orders were still occupied at the year end. Two awaited demolition. Some others were pulled down and some were reconditioned.

Clearance Areas.

Housing Act, 1957. Section 42.

Your Council have made good progress since the 1939-45 war with clearance areas in the more central parts of the town. Some have been completed, some are in the throes of physical clearance, and some are going through the statutory procedure. The following comments relate only to the uncompleted areas.

The East Highgate Clearance Area in Gulfs Road was confirmed in 1959 by compulsory purchase. Two of the four houses in it are still occupied. It has become rather a forgotten little pocket of tumble-down cottages.

Better progress is being made with the Windermere Road Clearance Order. It was confirmed in 1961 by the Minister, who excluded one of the 15 houses in the row of cottages which flank the steep narrow section of the main A.591 road out of Kendal. Partial clearance was started in 1962 and now only two houses at the lower end are still occupied. These will be vacated in 1965, and then only the single excluded house will stand in the way of a much needed highway improvement. The Westmorland County Council already own the remainder, and we can be assured of a nice tidy redevelopment job.

The North-East Highgate Clearance Area was made subject to a compulsory purchase order in 1962. There are 18 houses and some other premises in it, and the central New Bank Yard has become an ideological battleground for various preservationist movements. By the end of 1964 there were still 15 of these houses occupied, and 3 remained vacant.

The best news comes from the South-East Highgate Clearance Area. This was the largest zone of central decay in the town, and a compulsory purchase order was confirmed in 1960. At that time there were 89 houses and a lot of other dilapidated buildings, all crowded together in narrow sunless yards. When the site has been cleared, it will be redeveloped by Kendal Corporation for new houses and an attractive layout of roads, car parks, and open spaces. The designs have been prepared by a famous architect, and will restore a new life beat into the heart of Kendal.

Excellent progress continued throughout 1964. By the end of the year South-East Highgate had only 18 occupied houses left out of the original 89. Another 44 were vacant, awaiting the opportunity for demolition, and 27 houses, plus a lot of derelict buildings had been pulled down. With any luck we should rehouse the remaining occupiers within the coming year, and then the bulldozers can be unleashed to flatten the last sordid traces of decay. Already the wild flowers are beginning to grow down there. Soon there will be houses and lighted windows, homes with hope in them, and the sound of human voices once again. This will be the new Kendal.

The General Need for New Houses.

From a public health standpoint I naturally regard the building of more new houses as the only practicable way of finishing your slum clearance programme, and keeping pace with the further deteriorations which must inevitably occur as time goes by.

I also consider that the general public health of the town will be put to less risk when you can clear away all the dirty derelict empty cottages, dangerous loose masonry and tottering structures, the great piles of rubble, and all the rubbish and refuse which accumulates on these battlefields in the very centre of the town. Kendal would look a lot prettier, too.

But public health considerations go a lot deeper than the grosser manifestations of your housing shortage. It is easy to join the popular clamour for building more houses, but I do hope that Kendal will remain clearheaded about the reasons why houses are wanted. I have dealt very fully with the slum clearance need, so I shall go on with a critical review of the other reasons which also have made an impact on the public health.

There are the families who have not a separate house of their own, and who have to share with others. These people have constituted the bulk of the applicants on your official housing waiting lists since the 1939-45 war. They have been awarded the bulk of the tenancy allocations for your Corporation estates.

At the time of the 1961 Census there were 106 private households sharing accommodation with others. I doubt if that is a true reflection of the social pattern, because of the way the Census question sheet was worded. I reckon that a lot more young family groups are living with their in-laws within a so-called household.

Although not every instance of living with in-laws becomes intolerable, most of the young people nowadays hanker for a home of their own: some of their hosts and hostesses yearn for a bit more peace, and their spare bedroom back. I consider that there are both physical and mental health factors involved in the rehousing claims of these people.

Then there are the people who are now living in quite good houses of their own, or even in Corporation houses, who would like to change it for something different. Some want to change to more modern houses: some would like a smaller place: some could do with a bit more room: some would prefer to live nearer the centre of the town: some yearn to move further out. The 1961 Census demonstrated a lot of under-occupation of houses.

I get the impression that this social inelasticity is partly due to the fact that about one-third of the houses in Kendal are owned by the Corporation, and that these are predominately three-bedroom, modern houses. This highly socialised system, while having put a damper on the old free market of supply and demand, has not yet devised an effective administrative machinery to encourage a more free interchange of houses either within the Borough or with local authorities outside.

This is a social defect which is having an ever increasing impact on the public health in Kendal for the domestic reasons I have mentioned. But it would be unrealistic to think that the remedy lies in building enough new houses of all shapes and sizes so that everyone can pick their fancy out of the empty rows.

But even after all these internal reshuffling problems have been worked out, there are still a lot of other people whose housing applications must be assessed in any intelligent long-term appreciation of Kendal's needs for building new houses. Your Council seem to be approaching the time when it will be in both your own interests and theirs to declare a policy about their claims. Kendal is standing at one of its major cross-roads in the nineteen-sixties.

Perhaps the first group to consider are the people who work in Kendal and commute daily from the dormitory areas of South Westmorland Rural District, Windermere, Lakes, and Sedbergh. Between 1,500 and 2,000 of them travel daily, and most of them have other members of their families at home. By no means all of them would choose to live in Kendal even if they could, but I reckon that a lot of them would really like to. Winter travel and summer holiday traffic can get most wearing to the physical and mental health of those who are forced to endure them regardless.

When you come to decide whether you want to coax the commuter class back into the town, you will have to take a lot of factors into consideration. You will ponder on the 1961 Census having revealed that your rate of growth has slowed down almost to a standstill during the past ten years for its population, that you are no longer the largest county district in Westmorland, that people have been emigrating nearly as fast as the births in the town. You will remind yourselves that the M6 Motorway will siphon off most of the Scottish passing-trade within a few years from now: that the Lakes traffic already diverts part of its trade at Levens Bridge, and that the remainder may be by-passed too; Kendal is going to have to do a bit of economic rethinking.

The next class to consider are the people who wish to live in Kendal for the sheer joy of it, or who wish to use it as a base for them to commute outside to work elsewhere. You may think that they have no great economic attraction for you, but it would be unkind to think of them as simply parasitic. But if they come, they will need houses.

But there is a final class which may turn out to be one of the most important in your long-term plans, the future labour force for this area: not only for your existing industries but also if you cherish any hopes for expansion. I regard the economic prosperity of Kendal as one of the most significant factors in maintaining the public health.

A conference was recently held in Kendal to discuss local employment and the housing needs of the employees of local industries. Representatives of the Ministry of Labour, the Board of Trade, the Westmorland County Council, your Borough Council, South Westmorland Rural District Council, and the Kendal Incorporated Chamber of Commerce and Manufacturers met in your Town Hall on 16th May, 1962.

The Ministry of Labour pointed out that Kendal enjoyed one of the lowest unemployment rates in England, with a chronic shortage of labour, and several job vacancies for every applicant who was fit to apply for such work. These jobs had been widely advertised in other parts of the country but they were not attractive unless housing could be guaranteed.

The Board of Trade was not prepared to sanction the issue of any more certificates for industrial development in Kendal, on account of the insufficient housing accommodation in the town. The local industrialists confirmed that they were being hampered by the labour shortage from even small expansions of their existing works, and that the recently erected factories had made matters worse. Proof

can be seen in the local shoemaking industry going elsewhere for additional new factories, and even a local woollen mill in the adjacent rural district is about to move to Sedbergh because of the shortage of labour in Kendal.

A further joint conference was held in November 1963 at which both Kendal Council and South Westmorland Rural District Council declared that they were not prepared to build houses specifically for occupation by industrial workers. The private employers were advised to help themselves by forming their own Housing Associations. So that is where the industrial expansion of Kendal grinds to a halt.

But I cannot stray too far down the byways of Kendal's social scene, except to illustrate my very sincere belief that one cannot divorce public health from the ways in which our own folk keep a roof over their heads and bread and butter in their mouths.

The Special Needs for Old People.

When we were pressing the Regional Hospital Board to establish a goodly number of geriatric hospital beds in Kendal, we were reminded of our corresponding responsibility to provide sufficient and suitable houses for our own folk to go home to when they come out of hospital. They have a right to come back into the community. The hospital should have a two-way door.

I believe that there is justice in this argument. As a doctor, I endorse the idea that a hospital should be a place to go to for treatment, to be made well again, not simply a dumping ground for old folk who can no longer cope with the day-to-day difficulties of struggling along in substandard or unsuitable houses.

Both Kendal Corporation and voluntary organisations in the town have done a lot of good work in providing special houses for the elderly, but a lot more needs doing to keep pace with the increasing proportion of old people in the community.

I suggest that purpose-designed bungalows and ground-floor flats are still much needed, with low fittings, handrails, lever door-handles, easy gradient steps, and suchlike special fittings.

Although it is desirable to find sites in the level and more accessible parts of the town, I believe that the internal design of the home is even more important. That is where the elderly citizens will spend most of their time. That is where we have the duty of helping them to make the best of life, and to overcome the increasing physical limitations of growing old.

I believe furthermore that the time has come for Kendal Borough to provide some groups of semi-dependency type houses for old people, with a resident welfare warden available in case of need. The degree of provision of communal facilities for laundries or guest rooms would be a matter of detail for decision in design. I am more concerned with the principle. It would relieve the burden on geriatric hospital beds, and upon the Welfare Hostels, besides conferring the gesture of at least semi-independence to the elderly citizens of Kendal. It would recognise their dignity. I urge you to think on such lines.

This Year's New Houses.

During the current year 101 new houses were built by the Corporation and 98 by private enterprise. This total of 199 completions was better than previous years. Alterations or conversions of existing buildings also produced a further 12 dwellings.

Most of the new Corporation houses were on the Sandylands Estate.

Housing Management.

The Corporation own 2,295 houses, which require increasing attention. Many visits were made by the Public Health Department during the year in connection with the public health aspects of housing management on the municipal estates. The rents of your houses range between 11/- and £1. 10s. od., exclusive of rates. The rateable values vary between £21 and £78.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance. It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rent and rates from the portion of their income which rightly belongs to the purchase of food. Domestic economy can effect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

Your Council offer a rent rebate scheme for cases of genuine financial hardship, and, of course, many tenants receive extra help from the National Assistance Board. There is now no reason why any person should be denied decent accommodation because of lack of money. Such is the Welfare State.

Verminous Houses.

Public Health Act, 1936. Sections 83-85.

Bed bugs were found in no houses. The Department checked the accommodation and effects of successful applicants prior to their removal to Council houses. In all cases where bed bugs are suspected the furniture and effects are removed by the Health Department and treated with cyanide before delivery. None needed it in 1964.

Pressure of other work on the Health Department will allow these inspections to be made only when the Housing Department consider that bugs are likely, and not as a routine measure for such a meagre harvest in these enlightened days.

Nuisances and Notices.

Public Health Act, 1936. Sections 91-100.

During the year 65 inspections of dwellinghouses and 70 inspections of yards were made, and 23 visits were made to investigate complaints in houses. The following action resulted:—

Preliminary Notices served	...	32
Statutory Notices served	...	3

In no case was it necessary to obtain an Abatement Order from the Court.

Dangerous Buildings.

Public Health Act, 1936. Section 58.

The operation of these provisions lies with the Borough Engineer, as far as the formal procedures of the Act are applied, but the Health Department often has a co-incidental or separate interest in some of these premises.

There are a lot of dilapidated buildings and walls which seem either to present physical dangers or to be a deplorable spectacle. Most of them are within half a mile of the Town Hall, and some of them are Corporation owned.

The co-operation of all departments is needed to bring the necessary pressure to bear on people to do the right thing with their decrepit property, but standards are sadly low in Kendal, and it will probably take the Coroner's censure to jerk the conscience of those responsible for perpetuating the dangers to their fellow men and children.

Caravans.

Caravan Sites and Control of Development Act, 1960.

Normally caravans cause little trouble in the Borough, as most of them simply pass through on their way to other parts of the countryside. However, the new Act provides much better powers for controlling them to the mutual advantage of the caravanners and our local residents. 17 visits were made to caravan sites during the year.

One permanent residential site for 15 caravans is operated at Oxenholme. From the experience of other places you will have to be watchful that this encampment does not become yet another shanty-town. The site operators are certainly doing their best to cope with what they have taken on, and they are well aware of the risks, but such places can easily get out of control, and in the long run it might be your Council who would be left with the problem of rehousing the people on the site.

I am more than sympathetic towards the plight of the families who have to live under these cramped conditions, sometimes with children, simply because they cannot get a proper house. I am sure that they would not wish to create shanty-town conditions, but with the best will in the world it is not easy to cope with the Westmorland winter in a caravan. I should prefer to see this site restored to its original use for seasonal holiday vans.

The only other organised site within the Borough is at Millcrest on the A6 Shap Road, for a maximum of five caravans, allowed under the Caravan Club certificate by paragraph 5 of the First Schedule of the Act. It is, of course, for touring caravans.

Tents, Sheds and Moveable Dwellings.

Public Health Act, 1936. Sections 268-269.

This type of licence now covers mainly the tented sites and there were none within the Borough.

WATER SUPPLIES.

Water Act, 1945.

Kendal has an abundant water supply from both overground and underground sources, as well as a connection to the Manchester Corporation aqueduct. In years when the rainfall is average, or better, the overground supplies usually meet the need, but they are limited by the relatively small area of the gathering grounds. The underground supply from the alluvial gravel beds of the Kent valley would prob-

ably be inexhaustible if developed more deeply, although the well is occasionally beaten by the more powerful pumps installed in recent years.

Since 1962 the public water supply has been administered by the Lakes and Lune Water Board, on which your Council has representation. I record my appreciation of the help and liaison maintained by the officers of the Board.

Your Council continues to have a parallel responsibility to check that the quality of the public water supplies is maintained safely for preserving the public health. Periodical tests are made on samples of water from consumers' taps within the Borough.

All the water is chlorinated, but no fluoride is added. The latest quality tests are set out in Appendix A at the end of this report.

There are only 35 houses in the Borough which do not obtain their water from the public mains, 13 of these are connected to the Thirlmere aqueduct and the remainder are served by wells and surface water private installations. I have no official knowledge of the quantity or quality of the private water supplies.

SEWERAGE.

Water Carriage.

Public Health Act, 1936. Section 47.

Almost all the houses in Kendal are fitted with waterborne sanitation. There are four trough-closets still lingering on.

Public Conveniences.

Public Health Act, 1936. Section 87.

Public conveniences fairly well serve the centre of the town. Proper supervision of conveniences is difficult and they have suffered much wanton damage by hooligans.

Your Council have been considering the provision of further public conveniences in various other parts of the town, and plans have been prepared.

Sewerage System.

Public Health Act, 1936. Section 14.

Most of the Borough is served by the public sewers, but about 143 houses remain dependent upon cesspools. Some of the sewers are overloaded and require enlargement.

Improvements are planned for enlarging and extending some of the sewers, but this work has to await the completion of enlarging the sewage disposal works.

Sewage Disposal.

Public Health Act, 1936. Section 15.

Sewage disposal is carried out at Wattsfield in the south of the Borough. These works were opened in 1909, with extensions in 1919-20, and the time has now been reached when the capacity is overloaded.

Your Council have therefore commenced a major reconstruction and enlargement of the sewage disposal works. It might be finished in 1965.

On account of the frequency of finding paratyphoid organisms in the public sewer, and the added risks of typhoid, all the Corporation sewer workers were advised to get themselves immunised with T.A.B. vaccine.

PUBLIC CLEANSING.

Refuse Collection.

Public Health Act, 1936. Section 72.

With very few exceptions in the remote parts of the Borough there is a weekly removal of refuse carried out under the supervision of the Chief Public Health Inspector.

Trade refuse is collected separately at an agreed scale of charges I wish that everyone would use the service. Too many economisers collect their own little hoards of junk which lie rotting in the Borough, or they slink over the boundary in the dark and dump the stuff in all sorts of odd places around the Rural District.

Refuse Disposal.

Public Health Act, 1936. Section 76.

Controlled tipping is carried out in an exemplary manner at a short-term site at Cinder Ovens Field. It was started in September 1962 and is expected to last only about three years. It is just another of the makeshift arrangements we have been forced into during recent years, dodging about filling up odd holes and corners.

We should prefer to avoid such costly emergency schemes and settle down on some long-term site, where the preparatory costs can be spread over 20 or more years, and where we can put up some cover for our mechanical plant and our men to save trundling them back and forth each day.

Your Council made a valiant attempt to seek a long-term tip outside the Borough boundary but were vigorously repulsed by the inhabitants of South Westmorland Rural District. So driven back within the town,

your Council got planning permission for some future tipping in part of the disused quarry on the Fell Estate at the top of the very steep hill on the western and windward side. Apart from the fact that it might last only about eight years, all your technical officers have pointed out the difficulties and expense of the site to develop and maintain. However, most difficulties can be overcome with plenty of money.

Meanwhile we shall have to cover ourselves by keeping up a continued search for a long-term site. No one of course is keen to have a refuse tip in their neighbourhood, and so we face all the battles of compulsory land purchase, local objections, and planning refusals, battles which we cannot shirk. The refuse must be put somewhere, and it needs everyone's good faith to do it.

Salvage of Waste Material.

Salvage of waste materials was continued during the year. So long as suitable materials are put out for collection and can easily be sorted, it may be economical and a fire safeguard to continue their salvage and sale. 218 tons of paper were sold in the year.

Street Cleansing.

Public Health Act, 1936. Section 77.

The main streets are maintained by the staff of the Borough Engineer. The open-air markets cause considerable work but the general appearance of the roads is good. Quite another picture is seen in many of the yards lying behind the main frontage, to which the annual reports of my predecessors for the past eighty years have drawn attention. Kendal is a notorious place for setting up unauthorised refuse dumps in odd holes and corners all over the centre of the town. Any plot of vacant ground seems fair game for dumping trade refuse, dirty mattresses, rags, old ironwork and such like. All our departments keep up a running battle with these strange bequests. I can see no remedy until Kendal takes its redevelopment opportunities more seriously.

FOOD AND DRUGS.

General Powers.

Food and Drugs Act, 1955.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed

towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

Precautions against Contamination.

The Food Hygiene Regulations, 1955.

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact. The good food trader does not need official instruction in basic cleanliness or the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with.

The responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate, and the educational campaign has had to be carried into the home. Foodborne diseases, mild dysenteries and attacks of diarrhœa and vomiting are not infrequent in our homes and among our visitors. I am confident that high standards will reduce these preventable diseases.

Ice-Cream Trade

Food and Drugs Act, 1955. Section 16.

Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

Manufacture by hot mix, cold mix, storage and sale	...	2
Manufacture by cold mix, storage and sale	... ..	1
Storage and sale only	... ..	103

During the year 23 visits of inspection were made to ice-cream premises. On the whole the position is reasonably satisfactory.

Prepared Meats.

Food and Drugs Act, 1955. Section 16.

The number of premises on the register under Section 16 of the Food and Drugs Act, 1955, used for the preparation of sausages, potted meat, preserved meat, pressed meat and pickled foods, was 31 at the year end. No particular difficulties have been encountered in these trades.

Registration of Milk Distributors and Dairies which are not Dairy Farms.

Milk and Dairies Regulations, 1959.

Total number of registered Distributors	...	...	...	46
„ „ Dairies	...	...	...	5

During the year I was very perturbed to discover that the newly-erected dairies of Glaxo Ltd. and the Milk Marketing Board were using unsterilised water from the sewage polluted River Mint. Although the water was being used for cooling and certain other purposes not directly in contact with milk and foodstuffs, I considered that there was an unjustifiable risk of accidents endangering the public health.

Glaxo Ltd. promptly disconnected their river water supply, and turned over entirely to the safer town mains water. The Milk Marketing Board resisted the change on the contention that it is common British engineering practice in creameries and dairies elsewhere to use unsterilised water for cooling purposes. At the year end I was seeking the support of the Ministries of Health, and Agriculture, Fisheries and Food, to persuade the Milk Marketing Board to chlorinate the sewage-polluted river water which drains the nearby rural area where we recently had typhoid cases.

Your Council continued to hope that they would not be forced into bringing a prosecution for alleged contravention of both the Milk and Dairies Regulations and The Food Hygiene Regulations, on the issue of this raw river water supply to the dairy and food factory. They also hoped that the moral of the Argentine meat canning factories' role in the Aberdeen typhoid outbreak would be fresh in the minds of all concerned with food technology. We prefer people to acquire commonsense by self-persuasion: it is so much more convincing in the long run.

Pathogenic Organisms in Milk.

Food and Drugs Act, 1955.

Biological and other test results on samples taken by various Authorities, from sources in our area, continued to be passed to me. I have had no cause during the current year to serve any notices under the Milk and Dairies Regulations to restrict the sale of milk or the activities of milk-handlers.

With the eradication of bovine tuberculosis, it seems likely that the next milkborne disease to be tackled may be brucellosis. I believe that many human cases go unrecognised.

Licensed Slaughterhouses.

Food and Drugs Act, 1955. Part IV.

Slaughterhouses Act, 1958.

Slaughter of Animals Act, 1958.

The only slaughterhouse is the Corporation's public abattoir at Sandylands which also serves various neighbouring areas. The local authorities concerned share the operating cost. Almost the whole time of one public health inspector is spent on meat inspection.

The new slaughter hall at Kendal abattoir was completed in March 1964 and the new chill room was opened in time for Christmas.

Unfit meat is removed direct to manufacturers for sterilisation and processing into animal and poultry foods. We have a satisfactory local arrangement to check it: The condemned meat is stained with an indelible dye. A warning is necessary in the handling of such foods; care must be taken to keep all utensils and preparation benches separate from human food, and careful washing of hands after handling pets' food is advised to prevent contamination from infected meats.

Licensing of Slaughtermen.

21 licences were issued during the year. 11 were to regular slaughtermen and 10 to butchers who might wish to kill occasionally.

Knackers' Yards.

Food and Drugs Act, 1955. Part IV.

There was one licensed Knackers' Yard used only for cattle and sheep brought in dead from outside. It closed down in November, 1964.

Condemnation of Other Foodstuffs.

Food and Drugs Act, 1955.

The following foodstuffs were condemned in shops and warehouses:

*1,308 lbs. of meat, including poultry.

91½ lbs. of cooked meats.

263 tins of canned meats.

66 tins of canned fish.

*2,871 lbs. of fish.

*1,208 lbs. of fresh vegetables.

446 tins of canned vegetables.

159 lbs. of other foodstuffs.

* Considerable quantities of food were condemned as a result of contamination by flood water.

This work involved 140 visits.

Condemnation of Meat at the Abattoir.

Food and Drugs Act, 1955.

The following is a summary of the carcasses inspected and condemned in whole or in part:—

	Cattle including Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	3,435	535	70	14,925	5,855
Number inspected ..	3,435	535	70	14,925	5,855
<i>All diseases except Tuberculosis and Cysticerci:</i>					
Whole carcasses condemned	4	14	13	33	16
Carcasses of which some part or organ was condemned	112 (1)	63 (1)	7	231 (2)	359 (3)
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	3.4	14.4	28.57	1.77	6.4
<i>Tuberculosis only:</i>					
Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	1	6	2	—	58
Percentage of number inspected affected with tuberculosis ..	0.03	1.12	2.8	—	1.01
<i>Cysticercosis:</i>					
Carcasses of which some part or organ was condemned	52	5	—	—	—
Carcasses submitted to treatment by refrigeration	52	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

(1) The following are not included in these figures: 498 livers and 822 part livers condemned for parasites, etc., also 1,700 intestines condemned for Enteritis, etc.

(2) Not included in these figures are: 821 livers infested with parasites.

(3) Not included in these figures are: 214 livers infested with parasites.

Method of Disposal of Condemned Food.

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial at Wattsfield.

GENERAL INSPECTIONS.

Establishment.

The establishment of the department was one Chief Public Health Inspector, three Additional Inspectors and one Clerk. The strength of the department was maintained for most of the year.

The Chief Inspector has, of necessity, considerable administrative duties in the running of his department, the preparation of material and attendance at your Committees, and his availability for outside duties was restricted. This is the usual position in most authorities.

The Second Inspector spends a lot of his time supervising the refuse service, particularly during the present phase of moving tip sites. Otherwise he is available for general outside duties. The other two inspectors share the meat inspection duties at the abattoir and cover most of the general work of the department. The Clerk is allocated to spend half his time on Cemeteries administration and the rest on the other duties of the Health Department.

Offensive Trades.

Public Health Act, 1936. Section 107.

The carrying out of the following offensive trades in the Borough has not given rise to any undue nuisance.

Fellmonger	...	...	...	1
Carcase Boilers	...	...	...	2
Tallow Melter	...	...	...	1
Gut Scraper	...	...	...	1
Rag and Bone Dealers	...	...	...	2

Factories.

Factories Act, 1961.

The register of factories has been completely revised and cross-checked with the records maintained by H.M. Inspector of Factories at Carlisle.

There were 149 factories on our register. 63 inspections were made by our staff. 7 notices were served and all were complied with.

Factory Inspections.

Premises.	Number of Premises.	Number of		
		Inspections.	Written Notices.	Occupiers prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	7	3	—	—
Factories not included in (1), in which Section 7 is enforced by Local Authority	130	54	4	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	12	6	3	—
Total	149	63	7	—

Cases in which Defects were found.

Particulars.	Number of cases in which Defects were found.				Number of cases in which prosecutions were instituted.
	Found	Remedied.	Referred		
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	2	4	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	2	4	—	2	—

No references were made to H.M. Inspector, and two were received from her. No prosecutions were required.

12 outworkers were notified to your Council by factory owners. All were in the clothing trade.

There are no recognised basement bakehouses in the Borough.

H.M. Inspector of Factories has been sent details of your Borough's administration of the relevant sections of Parts I and VIII of the Factories Act, 1961.

Offices and Shops.

Offices, Shops and Railway Premises Act, 1963.

This legislation came into force during 1964. It makes provision for the safety, health and welfare of people employed in these premises.

We made a good start with compiling the statutory register of such places, and some of the initial inspections were made before the year end. It will take some time to complete them.

43 visits were made, including 33 full inspections. Written notice was served on 17 occupiers for contraventions, and 10 verbal warnings. No prosecutions were made, and no exemptions from specific requirements were sought. By the year end 387 premises had been registered.

Common Lodging Houses.

Public Health Act, 1936. Part II.

Only one common lodging house at Waterside remains on the register; no visits were paid during the year. Closure is expected soon, because the site will be needed for redevelopment.

Rent Acts.

During the year no new application for a Certificate of Disrepair was received.

Several cases were noticed when the necessary entries prescribed by the Housing and Rent Restriction Acts were not entered in rent books. All these were rectified upon the department's intimation to the agents or landlords.

Smoke Abatement.

Clean Air Act, 1956.

Fourteen visits were made for smoke abatement and most industrial firms have made commendable improvements. The problem of clean air for Kendal goes deeper than this.

Kendal's position in the Kent valley leads to the cooler air collecting in the lowlying parts at night. From any of the surrounding hill-

sides you can see how the natural ground mist is polluted by the smoke from domestic chimneys much more than by the industrial premises. Sometimes the valley is clear and sunny both north and south of the town, while the central areas are dull, with soot in visible suspension in the air. The Hallgarth Estate is often particularly bad in this way.

For public health reasons connected with bronchitis, asthma, tuberculosis, heart diseases and possibly lung cancer, I should like us to do all we can to see that Kendal's air pollution does not become any worse, and I hope that we may be able to improve it. With one-third of the houses in Kendal now in Corporation ownership, we seem to have a considerable responsibility.

I have recommended to your Council that all Corporation houses to be built in future should be designed for burning smokeless fuels, and that all the existing ones should be progressively converted in the same way.

I do not think that it requires buying a lot of elaborate smoke measuring gadgets and a special staff to run them. Anyone can see with their own eyes, from Windermere Road or Fellside, how the smoke from the household chimneys hangs as a pall over the town on calm days and nights. Sometimes you can even feel it in your lungs down town. Public opinion is growing that this should not be so.

Public Swimming Baths.

The Minister requires me to furnish particulars about public swimming baths. The only one in the Borough is owned and managed by Kendal Corporation. It is filled with fresh water from the public mains, and is then continuously circulated through filters and thoroughly chlorinated. Major structural alterations have recently been carried out.

Pet Animals Act, 1951.

Three shops were licensed. No particular difficulties were encountered in supervision.

Boarding Kennels.

Animal Boarding Establishment Act, 1963.

There are none in the Borough.

Pests Act, 1949.

During the year 1,073 premises were surveyed under the provisions of the Act. 30 premises were found to be infested by rats or mice and were treated by the department. 1,160 visits were made; 21 complaints were also investigated.

National Assistance Act, 1948.

Section 47 — Compulsory Removal.

No Court Orders were sought during the year, but one case was under constant supervision.

Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

A special conference was held during 1961 with the Welfare Authority to see what more could be done to prevent people from getting into such difficulties. Home-help services, hostels, and partial dependency schemes may meet some of the problems. I hope that the harsh step of compulsory removal will be less needed as time goes by. It is so often tantamount to a death warrant.

Public Mortuary and Post-mortem Rooms.

Public Health Act, 1936. Section 198.

Your Council do not provide any public mortuaries or post-mortem rooms. Adequate facilities are available at the Westmorland County Hospital in Kendal by arrangement.

Burial Grounds.

Your municipal cemetery at Parkside Road is maintained in a creditable state. The one in Castle Street gives trouble from time to time: it is rarely used and the chapel is semi-derelict, headstones have deteriorated, and the grass is difficult to keep in proper order. I wish it could be closed.

Although there may not be any actual public health risks, I find it rather distasteful to see various burial grounds and cemeteries neglected around Kendal. It is the living who cause the public health nuisances, not the dead. I wish all these decrepit burial grounds could be tidied up and laid out pleasantly like the fine example set by Kendal Parish Church.

Laboratory Services.

The Public Health Laboratory Service establishments at Preston and Carlisle now serve this area, and do it very well. We are glad of their help.

Byelaws.

Byelaws on public health matters are in force with regard to:—

Public Slaughterhouses.

Smoke Abatement.

Building.

Food Handling.

APPENDIX A **LABORATORY EXAMINATION OF PUBLIC WATER** **SUPPLIES**

Nature of Test	Standards Max.	Town's Main.
Pr. coli count 37°C ..	3-10	0
Faecal coli/strep ..		
Date Sampled last ..	—	15.12.64
Character	—	Clear
Reaction	—	7.4
Ammonical Nitrogen	.041	0
Albuminoid Nitrogen	.066	.09
Total Solids ..	1000	68
Hardness {	Total ..	36
	Carbonate	18
	Non-Carb.	18
Chlorides	30	10
Nitrates	1	.32
Nitrites	—	0
O.2 Absorbed	1	.80
Heavy Metals ..	—	n/a
Rainfall 24 hours ..	—	Nil
Date Sampled ..	—	10.3.64
Laboratory	—	Preston

Chemical analyses expressed in parts per million.

